



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 3,350)

Complete if Known

Application Number	10/049,351
Filing Date	July 22, 2002
First Named Inventor	NOBUKAZU NAKAMURA
Examiner Name	JOY KIMBERLY CONTEE
Art Unit	2686
Attorney Docket No.	51270-277034

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: 161805 Deposit Account Name: See 1 in Addendum

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of fees(s) Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit Card Information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility	300	100	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent
Multiple dependent claims

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180

Total Claims -26**	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
39	-20 or HP = 13	X 50.00	= 650.00	Fee (\$)
HP = highest number of total claims paid for, if greater than 20				Fee Paid (\$)
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)
27 Sec 23 or HP = 12	X 200.00	= 2,400.00		

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 =	/50 =	(round up to a whole number)	X 250.00	=

4. OTHER FEE(S)

Non-English Specification, 130 fee (no small entity discount)

Other: Extension for Response within first month and Submission of an IDS

Fee Paid (\$)

300.00

SUBMITTED BY

Signature	<i>mark kendrick</i>	Registration No. (Attorney/Agent) 48468	Telephone 213-488-7253
Name (Print/Type)	MARK R. KENDRICK		Date August 8, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Addendum

1. PILLSBURY WINTHROP SHAW PITTMAN LLP
2. -15**XXX